

OAHU CANDIDATES-
SUBMIT 1 ORIGINAL AND 1 COPY

NEIGHBOR ISLAND CANDIDATES-
SUBMIT 1 ORIGINAL AND 2 COPIES

STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION

DISCLOSURE REPORT
CANDIDATE COMMITTEE

PLEASE TYPE OR PRINT CLEARLY WITH INK (INSTRUCTIONS FOR COMPLETING THE DISCLOSURE REPORT CAN BE FOUND IN THE "GUIDEBOOK FOR CANDIDATE COMMITTEES.")

SECTION I-CANDIDATE AND CANDIDATE COMMITTEE:

(a) Candidate Name:

John D. Waihee IV

(b) Committee Name:

Kokua Waihee

(c) Mailing Address:

3403 Kahawalu Dr.
Hon HI 96817

(d) Phone (Bus)

N/A

(Res)

595-0999

Treasurer's

SECTION II-TYPE OF REPORT:

(See the Schedule of Reporting Dates to complete this section)

☐ 1st Preliminary Primary ☐ Amended ☐ First ☐ Third

☐ 2nd Preliminary Primary ☐ Short Form¹ ☐ Second ☐ Fourth

☐ Final Primary

☐ Preliminary General

☐ Final Election Period

☒ Supplemental

REPORTING PERIOD

11/8/02 through 12/31/02

SECTION III-SUMMARY OF RECEIPTS AND DISBURSEMENTS
(Complete Section IV on the Back of this Form Before Completing This Section)

	COLUMN A TOTAL THIS PERIOD	COLUMN B ELECTION PERIOD ² TOTAL TO DATE
1. Cash on Hand at the Beginning of the Election Period ²		456.37
2. Cash on Hand at the Beginning of this Reporting Period.....	456.37	
3. Total Receipts (From Line 15).....	500.00	500.00
4. Subtotal (Add Lines 2 and 3 for Column A and Lines 1 and 3 for Column B).....	956.37	956.37
5. Total Disbursements (not including Unpaid Expenditures) (From Line 19).....	807.29	807.29
6. Cash on Hand at the Closing of this Reporting Period (Subtract Line 5 from Line 4)....	149.08	149.08
7. Total Loans at the Closing of this Reporting Period.....	14000. —	
8. Total Unpaid Expenditures at the Closing of this Reporting Period.....	0	
9. Debts Owed at the Closing of this Reporting Period (Add Lines 7 and 8).....	14000. —	
10. Surplus/Deficit (Subtract Line 9 from Line 6).....	-13850.92	

I hereby certify that the information on this report and all attached Schedules are true, correct and complete to the best of my knowledge.

Candidate Signature

Date

Treasurer Signature

Date

¹ Short Form is checked if the candidate is filing a Preliminary, Final or Supplemental Report and has aggregate contributions and aggregate expenditures for the reporting period totaling \$2,000 or less. Short form reporting requires completion of only Section I, Section II, and Section III of this Disclosure Report.

² An Election Period is the two-year period between general election days if a candidate is seeking nomination or election to a two-year office and the four-year period between general election days if a candidate is seeking nomination or election to a four-year office.

SECTION IV-DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS
(If Necessary, Complete Schedules A through E Before Completing This Section)

RECEIPTS	COLUMN A TOTAL THIS PERIOD	COLUMN B ELECTION PERIOD TOTAL TO DATE	
11. Contributions From:			11
(a) Individuals/Other Entities/Noncandidate Committees/Political Parties			11(a)
(i) Monetary and Non-Monetary Contributions of \$100 or Less.....	0	0	11(a)(i)
(ii) Monetary and Non-Monetary Contributions of More Than \$100.....	500.-	500.-	11(a)(ii)
(iii) Subtotal (Add Lines 11(a)(i) and 11(a)(ii)).....	500.-	500.-	11(a)(iii)
(b) Candidate or Candidate's Immediate Family			11(b)
(i) Monetary and Non-Monetary Contributions of \$100 or Less.....	0	0	11(b)(i)
(ii) Monetary and Non-Monetary Contributions of More Than \$100.....	0	0	11(b)(ii)
(iii) Subtotal (Add Lines 11(b)(i) and 11(b)(ii)).....	0	0	11(b)(iii)
12. Total Contributions (Add Lines 11(a)(iii) and 11(b)(iii)).....	500.-	500.-	12
13. Public Funds and Other Receipts.....	0	0	13
14. Loans.....	0	0	14
15. Total Receipts (Add Lines 12 through 14).....	500.-	500.-	15
DISBURSEMENTS			
16. Expenditures.....	807.29	807.29	16
17. Loans Repaid or Forgiven.....	0	0	17
18. Unpaid Expenditures Paid or Forgiven.....	0	0	18
19. Subtotal Disbursements (Add Lines 16 through 18).....	807.29	807.29	19
20. Unpaid Expenditures.....	0		20
21. Total Disbursements (Add Lines 19 and 20).....	807.29	807.29	21

CHECK ONLY ONE BOX
USE SEPARATE SCHEDULE(S) FOR EACH CATEGORY BELOW

- ☐ INDIVIDUALS/OTHER ENTITIES/NONCANDIDATE COMMITTEES/POLITICAL PARTIES
☐ CANDIDATE OR CANDIDATE'S IMMEDIATE FAMILY

STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION

SCHEDULE A
MONETARY AND NON-MONETARY CONTRIBUTIONS
CANDIDATE COMMITTEE

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CANDIDATE AND CANDIDATE COMMITTEE NAME:

PAGE

OF

DATE OF DEPOSIT OR RECEIPT OF NON-MONETARY CONTRIBUTION	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF DONOR	FOR AGGREGATES OF \$1,000 OR MORE NAME OF EMPLOYER	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION		
12/31/02	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Peter + Jane Cheeseman 2009 Keeaumokū Street Honolulu HI 96822	N/A	500.-	500.-
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			

1. SUBTOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (This Page).....

500.-

2. TOTAL MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (Last Page Only) (Transfer total to the applicable Line Number of the Disclosure Report - 11(a)(ii) or 11(b)(iii)).....

500.-

Form CC-5(A) (Rev. 5/99)

With the exception of loans and unpaid expenditures that are forgiven, non-monetary contributions must also be reported as an "Expenditure" on Schedule B.

**STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION**

**SCHEDULE B
EXPENDITURES
CANDIDATE COMMITTEE**

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CANDIDATE AND CANDIDATE COMMITTEE NAME: _____

PAGE 1 OF 1

DATE OF EXPENDITURE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF VENDOR OR SOURCE OF NON-MONETARY CONTRIBUTION	PURPOSE OF EXPENDITURE OR DESCRIPTION OF NON-MONETARY CONTRIBUTION	AMOUNT OF EXPENDITURE OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD
12/31/02	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Kawaiola o OHA 711 Kapiolani Blvd. Honolulu HI 96813	Print Ad	807.29
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION		
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION		
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION		
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION		
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION		
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION		
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION		
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION		

1. SUBTOTAL OF EXPENDITURES THIS PERIOD (This Page).....

807.29

2. TOTAL EXPENDITURES THIS PERIOD (Last Page Only) (Transfer total to Line Number 16 of the Disclosure Report).....

807.29